

**Testimony of Kitty Richheimer
Administrator, Alberta Manor**

Concerning

*Section 12 of H.B. No. 5020 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS REGARDING PUBLIC HEALTH.*

Public Health Committee Public Hearing, March 6, 2020

Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit, and Esteemed Members of the Public Health Committee, thank you for the opportunity to offer testimony regarding Section 12 of House Bill 5020- An Act Implementing the Governor's Budget Recommendations Regarding Public Health.

My name is Kitty Richheimer and I am the owner and administrator at Alberta Manor. Alberta Manor is a 30-bed residential care home located in Hartford where we shelter and provide for Connecticut's disadvantaged and disabled citizens. All of our residents suffer from mental illness and/or physical disabilities of some form. And sadly, time takes its toll on our residents and causes their illnesses and disabilities to become more exacerbated and difficult to handle.

When a resident's needs outpace our facility's ability to care for them, we find it in everyone's best interest to transfer them to a facility with a higher level of care. It is hazardous to the health of the resident to stay at a facility that cannot offer them the care they require.

I am testifying today to raise my concerns about Section 12 of HB5020 regarding discharges for residential care homes.

To illustrate the importance of a swift discharge experience to ensure our resident's wellbeing, I will be sharing some excerpts from the Memorandum of Decision regarding a discharge process for a resident in 2016:

MEMORANDUM OF DECISION July 25, 2016

Procedural History

On March 1, 2016, Alberta Manor in Hartford, Connecticut ("facility") provided a Notice of a Non-Emergency Discharge ("Notice") to Mr. Cesidio Puglicli ("Appellant"), one of its residents. Record ("Rec.") Exhibit ("Ex.") 1.

On March 11, 2016, Appellant filed an appeal of the Notice. Rec. Ex. 2.

On March 15, 2016, pursuant to Conn. Gen. Stat. § 19a-535a (d)(1), the Department issued a Notice of Hearing in which the then Acting Commissioner of the Department appointed this Hearing Officer to rule on all motions, determine findings of fact and conclusions of law, and issue an order. Rec. Ex. 3.

On March 22, 2016, the administrative hearing was held at the facility. The hearing was conducted in accordance with Chapter 54 of the Connecticut General Statutes and §§ 19a-9- I, et seq. of the Regulations of Connecticut State Agencies ("Regulations"). Rec. Ex. 4. At the hearing, Appellant appeared with his sister, Concettina Puglielli Marzano. Katherine Richheimer, Administrator, testified on behalf of the facility.

At the conclusion of the hearing, the parties agreed to waive the statutory provisions of Conn. Gen. Stat. § 19a-535a (d)(l) which provides that a determination [of the discharge] shall be made within 20 days after the termination of the hearing. The parties agreed that the record would remain open for late-filed exhibits until May 24, 2016, due to issues raised at the hearing and the final written decision would be provided after the record was closed. Respondent requested an extension of the May 24, 2016 deadline, which was granted, with certain stipulations, until June 30, 2016. On June 28, 2016, Appellant filed a request, dated June 24, 2016, for a second extension. On June 30, 2016, the facility filed its objection to Appellant's second request for an extension. Appellant's request for a second extension was not granted because Appellant did not provide the medical documentation as requested. The record closed on June 30, 2016. Alberta Manor still did not receive the decision until July 25, 2016.

147 days after the involuntary transfer notice was issued!!

It is worth noting here that although the decision was rendered on July 25, 2016, Cesidio was unable to be discharged until August 8, 2016 due to the prolonged process of finding a new, appropriate care home that could not be started until this appeal was settled. It took nearly 5 months to discharge a resident to a higher level of care for his own health.

What follows now are some key Findings of Fact that show how Cesidio needed a swift transfer for his own well-being. Of particular importance is item 9 on the list.

Findings of Fact

1. Appellant suffers from type II diabetes, poor circulation, chronic edema in his legs which require him to wear compression socks, schizophrenia affective disorder, depression, hypothyroidism, lower extremity venous insufficiency, distal edema, chronic obstructive pulmonary disease ("COPD"), cellulitis of the right lower leg, limited mobility for ambulation (which makes him a fall risk), parkinsonism related to psychotic medications, hypertension, morbid obesity, refractory congestive heart failure ("CHF"), anemia, constipation, gastric ulcers, sensory deafness and chronic lower back pain.
2. Appellant has been hospitalized on three different occasions since June 2015.
3. Appellant requires assistance with toileting, continence, standing, transferring in and out of his bed, mobility, bathing, showering, dressing, wound care, shaving, and putting on his shoes and socks. He also requires assistance reaching all parts of his body.
4. Appellant requires 24-hour care for medication management, medical supervision, including monitoring his CHF, COPD, wound care, and a controlled environment for meals and eating.
5. During the entire month of April, 2016, Appellant only showered twice, which he did with staff assistance.
6. On April 23, 2016, Appellant was in his room, asleep when the facility fire drill began during daytime hours. There is a light that flashes in his room to alert him about a fire drill. After the staff awoke him, Appellant refused to participate in the facility's fire drill. Appellant went into a bathroom and locked the door and refused to come out. The staff unlocked the door and led him outside.

7. Appellant is not able to use the toilet without assistance. As a result, Appellant has inadvertently smeared and left feces on the bathroom walls, floor, rugs, around the base of the toilet, on his clothes and on himself. Despite his efforts, Appellant has not been able to clean up after himself. After each incident, Appellant has refused to take a shower. Other residents have complained about his poor hygiene and odor.
8. On three separate occasions since the hearing, Appellant has missed previously scheduled medical appointments because of miscommunication with the facility administrator or due to his sister's failure to accompany him to the appointments.
9. Based on Appellant's health care providers' evaluations of Appellant's current condition of his health and his increased need for assistance with his activities of daily living ("ADLs"), **Appellant's discharge is necessary for his welfare because the facility can no longer meet his needs.**

The Hearing Officer at the Department of Public Health was very fair with his ruling. However, the Appeal and extensions on the Appeal only served to prolong an unfavorable standard of living for Cesidio. During the appeal process, Cesidio bathed and showered less than 10 times, and did not attend numerous medical and cardiac appointments due to his physical and mental impediments.

If it was possible for the Department of Public Health's ruling to be appealed by a Superior court judge, Cesidio would have continued to be put at risk by remaining at a lower-level care home for even longer until a new ruling was made.

I believe the testimony of the facility, physicians, psychiatrist and Dept of Public Health more than cover his rights to be heard. I think another level of appeal is redundant.

I would like to point out that this resident had lived at Alberta Manor since 1982. That's 34 years. It was with a heavy heart that we had to see him leave, but his health was failing. His own personal physician of 20 years would no longer treat him and urged us to find him a higher level of care.

We care about all of our residents and see them as members of an extended family. Our goal is always to provide the best life possible for all of our residents, and sometimes that means transferring them to a different home or discharging a resident who endangers the safety of others. Extending the appeal process any further than what the Department of Public Health deems best will only result in further health risks for Connecticut's most vulnerable citizens.

Kitty Richheimer, Administrator

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